

## Surgeon-astronaut to deliver Ravdin basic science lecture

This afternoon a physician whose skills include those of an astronaut, airplane pilot, engineer, geologist, physicist, and astronomer will deliver the I. S. Ravdin Lecture in the Basic Sciences beginning at 1:30 in the Lindheimer Room of McCormick Place.

The title of Dr. Musgrave's presentation is, "The Selection, Training, and Activities of a Surgeon-Astronaut".

His presentation will include a description of how he set out to win an appointment as an astronaut by concentrating on physiology and biophysics, with particular emphasis on cardiovascular and exercise physiology; on aerospace physiology and medicine; space sciences; and aeronautical and environmental training.



DR. MUSGRAVE

Dr. Musgrave will be introduced by James D. Hardy, MD, FACS, ACS first vice president. College president William P. Longmire, Jr., will preside.

## Today's Ciné Clinic films

The Wednesday presentation of Ciné Clinics will begin at 8:30 am in the Arie Crown Theatre of McCormick Place. The presiding officer is Mark Ravitch, MD, FACS, of Pittsburgh. Two of the six films scheduled are:

Physiologic repair of transposition of the great arteries, by John A. Waldhausen, MD, FACS, and William S. Pierce, MD, FACS, both of Hershey, Pa., to be discussed by Dwight C. McGoon, MD, FACS, of Rochester, Minn.; and,

Invasive monitoring in an intensive care unit, by Samuel R. Powers, Jr., MD, FACS, Robert P. Leather, MD, FACS, both of Albany, NY, and Harvey R. Bernard, MD, FACS, of Glenmont, NY. Discussing the film is Richard M. Peters, MD,

FACS, of San Diego.

Authors of the Ciné Clinic films are selected by the Medical Motion Picture Committee, John Beal, MD, FACS, chairman. They are selected a year in advance and work together with the film production crew of Davis & Geck under the direction of Ned Lewis to produce these teaching films. This team travels more than 100,000 miles annually in Ciné Clinic work and has photographed more than 400 films since the program's inception in 1950.

Details of the films presented may be found in the Motion Picture Program. Information concerning popularity of previous Ciné Clinic films may also be found in the back pages of this program.



**EXEMPLIFYING THE INTERNATIONALITY** of the International Guest Reception held Monday night are these representatives of four nations. From left, Crescio Abes, MD, FACS, Manila, Philippines; Orlando Marques Vierira, MD, Rio de Janeiro, Brazil; Robert Zeppa, MD, FACS, Miami; Kanji Sakurai, MD, FACS, Tokyo, Japan; and, Jose de Ribamar Sobaio DeAzevedo, MD, Rio De Janeiro stand in friendly conversation in the Conrad Hilton Grand Ballroom.

## Farrington: some battles won but the war against highway death and disability goes on

The "seven years' war" against death and disability on the highway is showing beneficial results, a leader in emergency care reported yesterday.

Deaths from motor vehicles were 56,300 in 1972, but the rate was 4.5 per million miles traveled, the lowest rate ever recorded, said J. D. Farrington, MD, FACS, of Minocqua, Wis. With an increase in population, accidental deaths rose to 117,000 but the rate fell from 58 to 56.2 for a saving of almost two lives per 100,000 population. "While we have not won the war, we have won some important battles", said Dr. Farrington.

The war began in 1966 with the passage of the National Highway Safety Act and the publication by the National Academy of Science/National Research Council of "Accidental Death and Disability . . . The Neglected Disease of Modern Society".

"The state of the nation with regard to sudden death and disability in 1966 was appalling", said Dr. Farrington. "There were 114,000 accidental deaths that year for a rate of 58 per 100,000 population, with 53,000 of these due to motor vehicles for a rate of 5.67 per 100 mil-

lion miles . . . Death due to accidents at work were 14,500 for a rate of 7.4 per 100,000 . . . When the number of sudden deaths from heart attacks, 400,000, 50 percent occurring before they reached medical facilities, was added to the accidental deaths, the load on the emergency medical service system was enormous".

There was no nationally recognized method of notifying proper authorities as to incidents. Emergency numbers were not posted on public telephones, there were few on highways, and few could be activated without a coin. Only 25 percent of states had legislation on ambulance service. Personnel was poorly trained. Emergency rooms were poorly manned and equipped.

There are improvements in all of these areas, said Dr. Farrington in delivering the Scudder Oration on Trauma. Improvements in safety features have been slow but progressive. Every state has an executive council on emergency medical services of some degree. Twenty-six states now have legislation on ambulance service. A number of new organizations affecting emergency departments have

emerged. Twenty-six percent of hospitals have 24-hour coverage of emergency departments.

Nevertheless, there is a long way to go, said Dr. Farrington. Accidents are still the leading cause of death between ages 1 and 37 years. Funding is lacking. Despite improvement in the pre-hospital care of patients with heart attacks in metropolitan areas, 500,000 such deaths occurred in 1972, 50 percent before they reached medical facilities.

He called for a national trauma registry, replacement of lay coroners by medical examiners, compulsory autopsy of all accident victims, and expansion of research in trauma.

There are still 200,000 ambulance attendants to be educated in the basic level of emergency care, Dr. Farrington said.

"The entire populace, starting at the fifth grade level, must be trained in first aid, and this is the greatest of challenges to the American Red Cross", said Dr. Farrington. "Think what it would mean in lives saved, if in every home and in every vehicle on our highways, there was someone with knowledge as to life-saving care".

## Drug aids kidney transplant

Animal kidneys that have incurred damage after being stored to await a transplant can be brought back to functional recovery when treated with a drug, allopurinol, University of Minnesota surgeons Luis H. Toledo-Pereyra, MD, and John S. Najarian, MD, FACS, said Tuesday.

"There have been several methods and drugs utilized to improve kidney preservation techniques", said the investigators, "but practically all kidneys that have had more than 40 minutes warm ischemia undergo prolonged acute tubular necrosis and sometimes even permanent kidney damage.

"We have experimentally demonstrated that the warm, ischemic-damaged kidneys, even up to 60 minutes, had complete recovery when they were treated with allopurinol.

All animals survived. This finding will probably determine an improved kidney preservation technique and at the same time will probably allow saving more kidneys which were not used because of severe ischemic damage. The potential application of this method in clinical transplantation is evident".

Please, on your next trip through McCormick Place, stop by the information booth, adjacent to registration, and check to see if you have a message. They are beginning to pile up.

Also, if you are leaving a message for someone, kindly check the alphabetical location, before you insert the card.



**SIR ANDREW WATT KAY, FRCS** (Edin, Eng, Glas), FRACS (Hon), of Glasgow, Scotland, center, one of this year's Honorary Fellows-elect, feels right at home chatting with Fellow Colin Campbell Ferguson and his wife, Angela, of Winnipeg, Manitoba, as Dr. Ferguson wears the native dress of Scotland Monday night at the International Guest Reception at the Conrad Hilton.





**SIX LIAISON MEMBERS** to the Commission on Cancer are retiring from their posts, and plaques recognizing their service were presented to them at the Commission on Cancer dinner Sunday evening. The photo was taken Sunday afternoon and those present are, l to r, Kenneth C. Sawyer, Sr., Denver, AMA liaison member since 1967; Samuel G. Taylor III, Chicago, representing the American College of Physicians since 1955; and David A. Wood, San Francisco, liaison for the College of American Pathologists since 1962. Retiring members absent when the photo was taken are William G. Thurman, Charlottesville, Virginia, American Academy of Pediatrics since 1967; Saul B. Gusberg, New York, American College of Obstetrics and Gynecology since 1967; and Lyndon E. Lee Jr., Washington, D.C., U.S. Veterans Administration since 1960.

## TV program today will feature two live telecasts

Today's television schedule includes four telecasts. Two live surgical procedures can be seen in the Chicago Room of McCormick Place, originating at the Loyola University Foster McGaw Hospital in Maywood, Ill. Beginning at 10:30, Edward Paloyan, MD, FACS, Maywood, will perform a thyroid operation, which will be moderated by Richard H. Egdahl, MD, FACS, Boston. A pancreas operation, at 1:30, will be performed by Herbert B. Greenlee, MD, FACS, Maywood, and moderated by Dean Warren, MD, FACS, Atlanta.

Two procedures performed yesterday were video-taped and will be shown today, also in the Chicago Room. Operation for carcinoma of the breast will be viewed at 8:30 am, and a procedure for gastro-intestinal hemorrhage will be rerun at 3:30.

Results of elections of Regents and officers of the American College of Surgeons will be announced in the Friday, October 19 issue of the *Clinical Congress News*.

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### Insulin-producing cells

## Implantation site of key importance

The site of implantation of insulin-producing cells is the important factor in the success of the transplant, a group of researchers from Washington University and Barnes Hospital in St. Louis reported yesterday.

Pancreatic islets, the cells that normally produce insulin, were taken from the pancreases of normal animals and transplanted in a variety of ways into diabetic animals. In some animals, the cells were implanted beneath the skin; in others they were placed into the abdominal cavity, either freely or in millipore chambers; and in still others, the cells were injected directly into the portal vein.

The simplest implantation, subcutaneously, failed to reverse the symptoms of diabetes. Small millipore chambers also failed to significantly change the course of the disease. Dropping the islets freely into the abdominal cavity reduced the symptoms but did not bring the animal to normal.

Direct implantation into the portal vein returned the blood sugar to normal and have continued to make the animals normal for several months. Injection of islets into other large veins that carry blood to other organs did not result in a lasting response.

## Registration facts & figures

As of 5:00 pm Tuesday

Doctors	8,703
Ladies	2,654
Exhibitors	1,955
Visitors	495
Press and staff	379
Total	14,186

### Arthritis research

## Finds perfusion effective therapy

Perfusing medication into a special area of the body has been used for many years as a method of treating cancer. An Emory University orthopedic rheumatologist said yesterday the method also works well in animals for delivering medication to treat arthritis.

Rheumatoid arthritis involves many joints, said J. Robin deAndrade, MD, FRCS. Medication given either through the blood stream or by local injection presents problems. Blood stream administration courses through the entire body and adverse effects of the drug are felt all over. In local injection, there are too many joints to reach all without pain.

"There is a way of combining both methods", Dr. deAndrade said. "The circulation to a limb may be closed by means of a tourniquet and the medication put into the blood vessel close to the joints. In this way, large areas may be reached without the body as a whole being subjected to the problems".

Animals were made arthritic and treated by regionally perfusing cortisone and other anti-arthritis drugs; namely hydrocortisone, indomethacin, and phenylbutazone. It was found that the swelling was less when treated in this manner than would be expected in untreated arthritis. The animal walked easier on the treated limb than on the untreated limb that served as a control.

"After animal tests and with suitable precautions, it may be appropriate to try this method for treatment of the arthritic hand", said Dr. deAndrade. "The hand has about 20 joints and thus this technique may prove to be better than earlier methods".

"Thus, the islets seem to function normally in the new environment of the liver in animals which were formerly severely diabetic but now after transplantation appear normal", said Chester B. Kemp, MB, ChB. "Whether or not such transplants can change the long term complication of this disease will have to wait until these animals and others like them have survived long enough to supply such an answer".

## ACS tours

Registrants and guests of the Clinical Congress—and especially Fellows of the College—are invited to tour the American College of Surgeons headquarters building, located at 55 East Erie Street, during the Congress. Two tours will be given daily, Monday through Friday. The morning tour begins at 10 and the afternoon tour at 2. Guides will be available.

## Reports transplant technique for curing diabetes mellitus

The potential for curing diabetes mellitus by transplanting isolated pancreatic islet cells, the cells that secrete insulin, was described yesterday. Mice made diabetic were cured by transplanting islet cells isolated and purified from inbred strains, said Pasit Panijayamond, MD, and his associates, Harry S. Soroff, MD, FACS, and Anthony P. Monaco, MD, FACS, of the transplant division of Harvard and Tufts Medical Schools, Boston.

Islet cells are superior to transplantation of the whole organ pancreas. Experience to date shows whole organ transplants are associated with complications arising from the digestive action of pancreatic exocrine glands.

"Up until March 1, 1973, there had been 31 pancreatic transplants done in Brazil, Argentina, and the United States", said Dr. Panijayanond. "Only two patients were alive then and the longest survival was slightly over one year. Thus, the results of whole pancreatic transplants are disappointing".

The islets are separated by digesting the chopped whole pancreas with collagenase, an enzyme that has specific action on connective tissue. The collagenase digests away the exocrine portion of the pancreas,

## Perfect new pump for heart patients

A new type of pump to assist the ailing heart has been devised by a group at the Milton S. Hershey Medical Center of Pennsylvania State University. According to William S. Pierce, MD, FACS, it is capable of taking over the entire load of the major pumping chamber of the heart. It is superior to the intra-aortic balloon pump, which has been helpful over the last five years in relieving the heart of a small percentage of its work but has been helpful to only a limited number of patients.

The left ventricular assist pump consists of a smooth, seamless, flexible, segmented polyurethane sac enclosed in a polycarbonate case. Ball-type inlet and outlet valves are used. A pneumatic driving system powers the pump.

In their report yesterday, the investigators said the pump has been used in calves. It is positioned along side of the calves' chest and permits the animal considerable freedom of motion. Continuous pumping was performed in one calf for over eight months.

"We believe, with further evaluation, this system will be a useful form of mechanical circulatory assistance in patients with cardiogenic shock in whom

If not given isolated pancreatic islets, mice with diabetes lost weight and died within four to 17 weeks from diabetic keto-acidosis, a complication in which there is an accumulation of ketone and acid waste products in the body.

"However, if the diabetic animals were given islets taken from one, two or three pancreases from mice of similar genetic background so no rejection can take place, the diabetic state was reversed in two to eight weeks, depending on the number of islets received", said the investigators. "The diabetic animals receiving more islets than the others were able to reverse their diabetic state faster".

Animals given islets from one pancreas showed a drop in blood sugar from 400 to 281 at four weeks and to 139 at eight weeks. At 18 weeks, two animals had a recurrence of their diabetes and one died of keto-acidosis at 22 weeks. The remaining eight animals continued a normal blood sugar state through 24 weeks. Survival was 90 percent at 24 weeks.

Animals given islets from two pancreases reduced their blood sugar from 484 to 124 at four weeks and to 121 at 28 weeks. All gained weight continuously and showed negative urine glucose and ketone tests. All ten survived 28 weeks.

Animals given islets from three pancreases reduced blood glucose from 648 to 144 at two weeks and 113 at 22 weeks, with 100 percent survival.

"The recurrence of diabetes after apparent cures of 18 weeks could represent an autoimmune phenomenon, an overstimulation of inadequate number of islets, an unfavorable milieu of the peritoneal cavity as a transplant site, or an inadequate number of islets isografted", said Dr. Panijayanond.

Further experiments are being carried out to transplant isolated islets across genetic barriers using immunosuppressive agents to prevent the transplant from rejecting.

maximum drug therapy and use of intra-aortic balloon pumping have failed to restore adequate hemodynamics", Dr. Pierce said.



McCormick Place I following 1968 fire.



## 1974 ACS spring meeting

The American College of Surgeons will hold its second annual Spring Meeting in Houston, Texas, at the Albert Thomas Convention Center and at the Hyatt Regency Hotel, for four days beginning Monday, March 25, 1974 and continuing through Thursday, March 28. Registration will begin on Sunday, March 24, at 2:00 pm in the Convention Center.

An outline of the program for this meeting will appear in the November issue of the ACS Bulletin.

In addition to general sessions, lectures, audio-visual sessions, and postgraduate courses, commercial exhibits will be on display in the Albert Thomas Convention Center.

Admission to the postgraduate courses and to all sessions and the exhibits will be by official registration badge only. In addition, an appropriate ticket will be required for admission to a postgraduate course. Advance registration is advised, as material for several of the courses will be sent to registrants in advance of the meeting. The College will mail an official meeting registration form, a form for enrolling in one or more of the postgraduate courses, and an official housing

bureau form to all Fellows of the College in December.

Doctors of Medicine who are not Fellows and others may obtain the forms from Mr. Frank Arado, American College of Surgeons, 55 East Erie Street, Chicago, Illinois 60611.

Registration during the meeting, for those unable to register in advance, will be in the Albert Thomas Convention Center.

Fellows of the College whose dues are paid for 1973, members of the ACS Candidate Group, and surgical residents may register free of charge. The fee for others is \$50.00.

The fee for each of the eight postgraduate courses is \$40.00, regardless of the status of the person who registers for the course. This fee includes the manual. Registration for the meeting is a prerequisite to registering for a course.

### Chaplain's corner

## Empathy is major element in healing surgical patient

"Healing will be totally successful only if all three composites of the individual—body, mind, and soul—are touched by the physician and given new strength as a result of therapy".

With these words, William Hobbins, MD, FACS, Madison, Wis., summarized the theme of the Chaplain's Corner held Monday at McCormick Place.

Participating at the Chaplain's Corner in a discussion on "Behavioral Surgery: Errors and Price of Surgery", were, besides Dr. Hobbins, George Newton Spears, MD, FACS, Ironton, Ohio; Christian A. Hovde, PhD, Chicago; and Rev. Arthur Blaisdell, Methodist Hospital, Madison.

Developing his subject, "Why take a spiritual history?", Dr. Hobbins emphasized that "as in all therapy, we do not want to add new conflicts to the patient when he is ill or dying, but draw out and amplify his already established base of strength. So it is that we must know his spiritual development in order to have the soul brought into the wholeness of healing, just as we help the patient's mind and body".

"As physicians," Dr. Hobbins concluded, "we cannot really help a patient to live or die. A spiritual history adds a dimension to the physician's care that can only enhance the patient's treatment".

For Rev. Blaisdell, who discussed "Surgeons, chaplains, and pastors: A healing team", empathy is an essential element in the relationship between physician and patient. Defining empathy as "accurately perceiving the current feelings of a person and their meanings," Rev.

Blaisdell maintained that it is the antithesis of the usual professional analysis and evaluation. "Let us become aware of the patient's feeling of loneliness, dependency, loss of self-esteem, and threat to existence," he said concluding. "When empathy is communicated, it forms the basis for a healing relationship between patient and physician".

Dr. Spears, who also moderated the panel discussion, spoke on surgical ethics which he defined as responsible standards of practice based on an intense concern for the quality of the patient's total life.

Dr. Spears described three elements of surgical ethics: collaboration as opposed to individualism and competition; rights and needs of a patient as opposed to gratification of the surgeon's ego; and service as opposed to concern for material gain.

Alluding to current trends toward mandatory continuing education programs for physicians, Dr. Spears stressed that continuing education is a matter of surgical ethics because it is inherent in the concept of a surgeon's personal responsibility for his patient. Likewise, Dr. Spears pointed out, consultation and referral are not matters of pragmatism, but matters of ethics, because an ethical physician recognizes and acts on the self-recognition that his knowledge and skills are limited.

## List 16 films in exhibitions today

The Motion Picture Exhibition schedule for today includes three sessions, two in the afternoon and one in the evening. The afternoon sessions, both beginning at 1:30, are a Film Symposium on the Biliary Tract, and a special program on trauma. The evening session, a film festival, begins at 7:30.

The biliary tract symposium, which can be viewed in the McMahan Theatre of McCormick Place, includes six films, each narrated by its author—as is every film in the Motion Picture Exhibition—coordinated by John Leo Madden, MD, FACS, of New York, and moderated by Harwell Wilson, MD, FACS, of Memphis.

Oscar P. Hampton, Jr., MD, FACS, of St. Louis, is the scheduled presiding officer at the Trauma Special film series, in the Jane Addams Theatre of McCormick Place. Six films will be shown.

The Film Festival, consisting of six Ciné Clinic films, produced by Davis & Geck, suture manufacturer, in collaboration with the surgeon-authors selected by the Medical Motion Picture Committee, will be presented this evening. Dr. Robert Cameron Harrison, MD, MS, FRCS(C), FACS, of Vancouver, B.C., will preside in the Grand Ballroom of the Conrad Hilton Hotel.

## Surgeon tells of Bangladesh life

Persons interested in learning, firsthand, of the surgical and diplomatic adventures accrued over a ten-year span of living and working in Bangladesh—including the period covering the bloody birth of that nation—are invited to visit the alumni reception area (McCormick Place, lobby level, adjacent to ACS registration) and meet Viggo B. Olsen, MD, FACS.

Dr. Olsen will be there Wednesday afternoon from 2:00 to 4:00 pm, and tomorrow (Thursday) morning between 9:00 and 11:00 am.



**THE LADIES' WELCOMING TEA**, held Monday afternoon in the Conrad Hilton, gave the women an opportunity to meet and greet new and old friends. Mrs. Claude E. Welch of Boston, right, wife of the incoming College president, has the pleasure of welcoming Mrs. Lars-Erik Gelin, of Gothenburg, Sweden, the wife of one of this year's Honorary Fellows-elect, to the week-long Congress where many activities have been planned especially for the visiting ladies.

## Safety council cites Farrington's service



Joseph D. Farrington, MD, FACS, left, of Minocqua, Wis. received the 1973 Surgeons' Award for Distinguished Service from the National Safety Council. NSC President Howard Pyle, presented the award to Dr. Farrington at the annual dinner of the Committee on Trauma, Monday evening, October 15 at the Conrad Hilton Hotel.

The Surgeons' Award is given annually to honor surgeons or surgical organizations for significant contributions to the prevention or treatment of accidental injuries.

Dr. Farrington, an orthopaedic surgeon, has for many years been active in the education and organization of emergency care units in the United States. He has contributed valuable suggestions for improvement in ambulance service and hospital emergency departments.

His professional affiliations have included membership in the American Association for Surgery of Trauma and the

American Trauma Society. Dr. Farrington has also been an active participant with the Committee on Injuries of the American Academy of Orthopaedic Surgeons. He is preeminent in publications on accident prevention in snowmobiling and emergency medical services.

During the past 15 years, Dr. Farrington has been the national leader in the development of improved care from the accident site to the emergency department. He has also spearheaded the advance of education of emergency medical technicians and the development of improved emergency medical services.

## 4-stage mass screening for breast cancer outlined

Breast cancer is the disease most dreaded by American women and with good reason, Philip Strax, MD, of New York City points out in his exhibit (S-148). It is their most common cancer, affecting 1 in every 14 women. It is the most common cause of death in those aged 40 to 44. Not more than 25 percent of those affected are alive and well 10 years after diagnosis. The death rate has remained stationary for the past 35 years in spite of improved surgical, radiotherapeutic, and chemotherapeutic methods.

The only remedy available today that has been shown to be effective in saving lives of women with this disease is earlier detection. The study of the Health Insurance Plan of Greater New York involving 62,000 women has achieved a one-third reduction in mortality in a study group screened with clinical examination and mammography as compared to a matched control group.

This exhibit demonstrates a

practical method for mass screening for earlier breast cancer detection using a four-part approach: an interview for demographic, family and breast data collection; a clinical examination, an improved, more efficient method for mammography and a newer modality using graphic representation of breast heat, thermography. This method has been developed at the Guttman Breast Diagnostic Institute in New York City where this economical, efficient, and accurate program is being applied in cooperation with the New York City Division-American Cancer Society. An outreach project is also conducted to bring the method directly into low-income communities, using a mobile unit and portable equipment.

Significant numbers of non-palpable, localized cancers are being detected. It is emphasized that all modalities contribute to the yield. It is hoped that the method will become widespread and result in the saving of more lives through earlier detection.





**OUTSTANDING MEDICAL STUDENTS**, selected by surgery department heads to attend the Clinical Congress as guests of the ACS, are shown in their Monday luncheon meeting session with Seymour I. Schwartz, front right, member of a special subcommittee of the Committee on Surgical Education in Medical Schools, which has revived the guest medical student program after 13 years. The students meet each noon with a member of the committee to discuss the day's events. Students pictured and their schools, clockwise, are John Stanievich, Michigan State; John P. Livingston, Oklahoma; Susan E. Miller, Loyola; Craig Stirrat, Minnesota; Jerome Hoeksema, Wayne State; James A. Stankiewicz, Chicago; Charles K. Lee, Kansas; Howard A. King, Northwestern; Douglas J. Mathisen, Illinois; William S. Coleman, Washington University; William Holt, St. Louis University; and Kim R. Ranberger, Medical College of Wisconsin. Missing are Laurence Neufeld, Chicago Medical School; Vikrom Scottiurai, Michigan; and Robert M. Walters, Rush School of Medicine.

## Dumping syndrome

A critical review of operative procedures for ulcer disease and the dumping syndrome makes it possible to appreciate the difference between anatomic or surgical contiguity and physiologic continuity, according to a scientific exhibit (S-135) presented by Leon A. Frankel, MD, of St. Luke's and Children's Medical Center, Philadelphia.

Roentgen and glucose tolerance studies, based now on 117 cases, reveal the disappearance of abnormal physiologic patterns when a substitute pyloric mechanism is reintroduced between a restored gastric reservoir and a contiguous element of small bowel, below which biliary and pancreatic enzymes enter, thus approximating the principle of gastrointestinal continuity in the healthy individual. This makes it possible to eliminate the iatrogenic factors which have been held responsible for the dumping syndrome.

## Clinic features a team approach

The Correlative Clinic, a relatively new feature of the Clinical Congress introduced last year in San Francisco, will be held this morning starting at 10:00 in the Lindheimer Room of McCormick Place.

The Clinic, designed to demonstrate the importance of co-operation among the surgical specialties and between surgery and other medical disciplines, will feature two cases, each presented by a "team" from a different institution.

Case I—Problems in the Diagnosis and Management of the Multiple Endocrine Adenoma Syndrome—will be discussed by Robert M. Zollinger, MD, FRCS(Eng,Hon), FACS and his team from the Ohio State University College of Medicine.

The second case—Present Concepts in Management of Lymphomas—will be moderated by Lloyd M. Nyhus, and include panelists also from Loyola University Stritch School of Medicine in Maywood, Illinois.

## Limited breast surgery urged in early cancer

The exhibit of Roger Poisson, MD, FRCS(C), FACS, of Montreal (S-144), illustrates the importance of individualizing the treatment of operable breast cancers. The smaller the lesion, regardless of its location, the lesser the operation; the larger the lesion, the more extensive the operation, up to a limit. There is no point in removing or irradiating as much of normal skin, normal breast tissue, and normal nodes as possible in order to be on the "safe side"; this only increases morbidity. The author shares entirely Dr. Crile's views on the treatment of early breast cancers, and on moderately advanced cases. The author differs from him in respect to the more advanced (T<sub>3</sub>—T<sub>4</sub> N<sub>1</sub> M<sub>0</sub>) but still operable cases. Dr. Poisson feels that the old line of demarcation between operation for cures and operation for palliation in breast cancers becomes less and less clear-cut, especially if there is any truth in immunotherapy, which, in order to be effective, has to have as little residual tumor as possible. The author is in total disagreement with Dr. Haagenson's philosophy. Operations for breast cancer should not depend on the school to which the specialist belongs. The treatment should fit the patient; not the reverse.

The exhibit makes a plea for wider use of limited breast surgery in the early stages of the disease, and in well selected cases. Guided by this philosophy, the author has treated 55 cases of early breast cancers in the last four years, without any recurrence. Limited surgery should take the form of segmental resection (partial mastectomy) or wide local excision that includes a quarter or a third of the breast. Limited breast surgery for cancer is not a tumorectomy or lumpectomy, nor an excisional biopsy. Post-operative radiation is not given as a routine. A good follow-up is mandatory.

# Bone joint cement may lead to complications in hip surgery

A bone cement used to fix artificial hip joints and other prosthetic implants has been one of the major developments in orthopedic surgery in the last decade but there have been difficulties noted with the material, Arnold T. Berman, MD, director of division of orthopedic surgery, Hahnemann Medical College and Hospital of Philadelphia, said Tuesday.

The major one is a sudden drop in blood pressure immediately after inserting the bone cement. "This has resulted in several reported fatalities and has caused serious decreases in blood pressure which have affected the vital organs", he reported.

Dr. Berman and Henry L.

Price, MD, professor of anesthesiology, studied animals to determine the mechanism of the sudden drop in blood pressure and suggest ways of preventing the potentially fatal complication. They found the cement, methyl methacrylate, consistently dilated the small blood vessels, resulting in low blood volume, a decrease in blood flow resistance, and a drop in blood pressure.

"Clinically, unless strict measurement of blood loss is performed, it is possible to fall behind in the blood replacement during an extensive reconstruction procedure such as total hip replacement", said Dr. Berman. "This fall in cardiac output may have a direct effect on the

tissue perfusion of vital organs. These decreases in perfusion, though lasting only a matter of minutes, could produce abnormal rhythms in the heart and damage to the brain because of oxygen lack".

Dr. Price said that spinal anesthesia should not be used in total hip replacement.

The authors said 18 acute deaths associated with insertion of methyl methacrylate have been reported in the literature. Speculative reasons were clots to the lung, heart, kidney and brain by air, bone marrow or fat, and the possibility of allergic reaction to the cement. The authors believe a drop in blood pressure is a logical explanation.



PANEL DISCUSSION draws a full-house attendance at a meeting early in the Congress week.

## tings — meetings — meetings — meetings — mee

**Albany Medical College & Center**  
6:00 — 8:00 pm  
Cocktail party for alumni & guests  
Conrad Hilton, Parlor 419

**Society for Surgery of the Alimentary Tract**  
12 noon — 2:00 pm  
Luncheon meeting for board of trustees  
Conrad Hilton, Parlor 412

**Bowman Gray School of Medicine and North Carolina Hospital**  
5:30 — 7:30 pm  
Cocktail party for members, alumni and friends  
Pick Congress, Oxford Room

**Cedars-Sinai Medical Center**  
6:00 — 9:00 pm  
Dinner for surgical staff  
Blackhawk Restaurant  
Wabash at Randolph

**Central Surgical Association**  
12 noon — 2:00 pm  
Meeting of membership advisory committee  
Conrad Hilton, Parlor 523

**University of Chicago Surgery Alumni**  
5:30 — 7:00 pm  
Cocktail party for alumni & guests  
Blackstone, French Room

**Columbia University, P&S, and Presbyterian Hosp.**  
6:00 — 8:00 pm  
Reception for alumni, faculty & spouses  
Blackstone, Hunnard Room

**Dartmouth-Hitchcock Medical Center**  
6:30 — 8:30 pm  
Reception for surgical alumni  
Conrad Hilton, Room 412

**Albert Einstein College of Medicine, department of surgery**  
7:30 pm  
Dinner for past & present department members & guests  
Hellas Cafe, 340 S. Halsted

**French-Polyclinic Hospital of New York**  
6:00 — 8:00 pm — Reunion  
Astor Tower Hotel,  
Room of Dr. John J. Jasaitis

**Henry N. Harkins Surgical Society**  
6:00 — 8:00 pm — Reception  
for members and Washington State surgeons and residents  
Pick Congress, Plaza Room

**Fifth (Harvard) Surgical Service of Boston City Hospital**  
6:30 — 8:00 pm  
Reception for alumni & guests  
Conrad Hilton, Beverly Room

**Indiana Chapter — ACS**  
7:30 — 9:00 am  
Breakfast meeting for members & guests  
Conrad Hilton, Bel Air Room

**North American Chapter, International Society of Surgery**  
7:00 — 8:00 am  
Breakfast meeting  
Conrad Hilton, Lower Summit  
University of Iowa Surgery/Urology Depts.

6:30 — 8:00 pm  
Reception for alumni & friends  
Blackstone, Sheraton Room

**Korean Surgeon's meeting**  
8:00 pm — Dinner  
Korea House, 3301 N. Clark St.,  
935-3350

**Lahey Clinic Foundation**  
5:30 — 7:00 pm  
Reception for alumni & guests  
Conrad Hilton, Room 414

**Society of Graduate Surgeons of L.A. County Hospital**  
6:00 — 8:00 pm  
Reception for members, honorary members, and previous guest speakers of Surg. Forum  
Conrad Hilton, Parlor 415

**The Mason Clinic**  
6:00 — 8:00 pm  
Alumni reunion reception  
Conrad Hilton, Parlor 546

**Mt. Sinai Medical School**  
6:00 — 9:00 pm  
Cocktail Party for alumni and guests  
Palmer House, Room 1928W

**U.S. Navy Medical Department**  
6:00 — 8:00 pm  
Cocktail party for Navy surgeons  
Conrad Hilton, Upper Summit

**University of North Carolina**  
6:30 — 9:30 pm  
Reception for Alumni  
Conrad Hilton, Lower Summit

**Association of Philippine Practicing Physicians in America**  
6:30 — Reception  
8:00 — Dinner  
35 Bradford Lane, Oakbrook  
Bus will leave Mich. Ave.  
ent. to Conrad Hilton at 5:30 pm

**Roswell Park Surgical Society**  
12 noon  
Annual luncheon-business meeting  
Conrad Hilton, Bel Air Room

**3rd Vietnam (Bien Hoa & Dong Tan) Surgical Hospital**  
7:30 — 10:00 pm  
Dinner for 'alumni'  
Biggs Restaurant,  
1150 N. Dearborn  
Contact Dr. Sidney Levitsky,  
996-8439